

Gonorrhea

12/16

What is gonorrhea?

Gonorrhea is a sexually transmitted disease (STD) caused by infection with the *Neisseria gonorrhoeae* bacterium, which most commonly infects the reproductive tract, including the cervix, uterus, and fallopian tubes in women, and the urethra in women and men. *N. gonorrhoeae* can also infect the mouth, throat, eyes, and rectum.

How common is gonorrhea?

Gonorrhea is very common. The U.S. Centers for Disease Control and Prevention (CDC) estimates that about 820,000 new gonococcal infections occur in the U.S. each year, and that fewer than half of these infections are detected and reported to CDC. CDC estimates that 570,000 of them were among young people 15–24 years of age. New Hampshire saw an average of about 130 cases per year from 2009–2013, but the numbers have been increasing over the last few years with more than 400 cases identified in 2016.

How do people get gonorrhea?

Gonorrhea is transmitted through sexual contact with the penis, vagina, mouth, or anus of an infected partner. Ejaculation does not have to occur for gonorrhea to be transmitted. Gonorrhea can also spread from mother to baby during childbirth. A person can get gonorrhea more than once.

Who is at risk for gonorrhea?

Any sexually active person can be infected with gonorrhea. In the U.S., the highest reported rates of infection are among sexually active teenagers, young adults, and African Americans.

What are the signs and symptoms of gonorrhea?

Many men with gonorrhea have no symptoms. When present, signs and symptoms of urethral infection in men include painful or difficult

urination or a white, yellow, or green penile discharge that usually appears 1–14 days after infection. Men may also complain of testicular or scrotal pain.

Most women with gonorrhea have no symptoms. Even when a woman has symptoms, they are often so mild and nonspecific that they are mistaken for a bladder or vaginal infection. The initial symptoms and signs in women include difficult or painful urination, increased vaginal discharge, or vaginal bleeding between periods. Women with gonorrhea are at risk of serious complications from the infection, regardless of the presence or severity of initial symptoms.

Symptoms of rectal infection in both men and women may include discharge, anal itching, soreness, bleeding, or painful bowel movements. Rectal infection can also occur without symptoms. Mouth and throat infection may cause a sore throat, but also is often without symptoms.

What are the complications of gonorrhea?

Untreated gonorrhea can cause serious and permanent health problems in both women and men. In women, gonorrhea can spread into the uterus or fallopian tubes and cause pelvic inflammatory disease (PID). The symptoms may be quite mild or very severe and can include abdominal pain and fever. PID can lead to internal abscesses and chronic pelvic pain. PID can also damage the fallopian tubes enough to cause infertility or increase the risk of ectopic pregnancy. In men, gonorrhea may be complicated by inflammation of the epididymis, and in rare cases, this may lead to infertility.

If left untreated, gonorrhea can also spread to the blood and cause a disseminated gonococcal infection (DGI). DGI is usually characterized by arthritis, inflammation of tendons, and/or rash. This condition can be life threatening.

Are gonorrhea and HIV linked?

Untreated gonorrhea can increase a person's risk of acquiring or transmitting HIV, the virus that causes AIDS.

How does gonorrhea affect a pregnant woman and her baby?

If a pregnant woman has gonorrhea, she may give the infection to her baby during delivery. This can cause blindness, joint infection, or a life-threatening blood infection in the baby. Treatment of gonorrhea as soon as it is detected in pregnant women will reduce the risk of these complications. Pregnant women should consult a health care provider for appropriate examination, testing, and treatment, as necessary.

Who should be tested for gonorrhea?

Any sexually active person can be infected with gonorrhea. Anyone with genital symptoms such as discharge, burning during urination, unusual sores, or rash should stop having sex and see a health care provider immediately. Also, anyone with an oral, anal, or vaginal sex partner who has been recently diagnosed with an STD should see a health care provider for evaluation.

Some people should be tested (screened) for gonorrhea even if they do not have symptoms or know of a sex partner who has gonorrhea. Anyone who is sexually active should discuss his or her risk factors with a health care provider and ask whether he or she should be tested for gonorrhea and other STDs.

CDC recommends yearly gonorrhea screening for all sexually active women under 25, as well as older women with risk factors such as new or multiple sex partners, or a sex partner who has a sexually transmitted infection. The CDC also recommends that others with certain risk factors should be screened. People who have gonorrhea should also be tested for other STDs.

How is gonorrhea diagnosed?

Gonorrhea can be diagnosed by testing urine, urethral (for men), or cervical or vaginal (for women) specimens using special tests. It can also be diagnosed using gonorrhea culture, which requires cervical or urethral swab specimens.

If a person has had oral and/or anal sex, pharyngeal and/or rectal swab specimens should be collected for testing.

What is the treatment for gonorrhea?

Gonorrhea can be cured with the right treatment of antibiotics. It is important that a person take all of the medication their doctor prescribes to cure the infection. Although antibiotics will stop the infection, it will not undo any permanent damage caused by the disease. It is becoming harder to treat some gonorrhea because antibiotic-resistant strains are becoming more common. If a person's symptoms continue for more than a few days after receiving treatment, or if symptoms recur after completing treatment, a person should return to a health care provider to be checked again.

What about sex partners?

A person diagnosed and treated for gonorrhea should tell all the anal, vaginal, and oral sex partners they have had within the 60 days prior the start of symptoms or diagnosis about their gonorrhea infection so the partners can see a health provider for testing and treatment. This will reduce the risk that the sex partners will develop serious complications from gonorrhea and will also reduce the person's risk of becoming re-infected. A person with gonorrhea should avoid sexual activity for 7 days after the person and his/her sex partners have been treated and until they no longer have symptoms. For tips on talking to partners about sex and STD testing, visit <http://www.gytnow.org/talking-to-your-partner>.

How can gonorrhea be prevented?

Latex condoms, when used consistently and correctly, can reduce the risk of transmission of gonorrhea. The surest way to avoid transmission of gonorrhea or other STDs is to abstain from vaginal, anal, and oral sex, or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known not to be infected.

For more information about gonorrhea, call the NH Department of Health and Human Services at 1-603-271-4496 or visit our website at www.dhhs.nh.gov or the Centers for Disease Control and Prevention Division of Sexually Transmitted Diseases website at www.cdc.gov/std.